

# **Substance Use Treatment Target**

## **Letter to Integrated Authorities and Alcohol and Drug Partnerships**

**March 2022**

Minister for Drugs Policy  
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To: Integration Authorities  
Cc: Alcohol and Drug Partnership Chairs; Alcohol and Drug Partnership Coordinators

16 March 2022

Dear Integration Authority Chief Officer

On 21 February I wrote to you setting out our priorities for the National Mission to reduce drug deaths and our focus on supporting more people into the treatment and recovery that is right for them. The purpose of this letter is to set out expectations in relation to the delivery of the Substance Use Treatment Target.

Evidence tells us that treatment is a protective factor against drug-related harms and deaths. Yet there is also evidence to suggest that too many people in Scotland at risk of a drug related death are not accessing the treatment they need. We must make sure that treatment is available as soon as someone asks for help or support. Easy access through same-day treatment and assertive outreach to enable people to remain in treatment must become the new normal. The Substance Use Treatment Target is designed to increase the number of people in protective treatment and to complement the existing work to improve the availability and quality of services through the implementation of the MAT Standards.

The data tells us that almost 90% of all drug-related deaths in Scotland currently involve opiates. As a result we must focus our efforts on increasing the number of people in Opioid Substitution Therapy.

The Substance Use Treatment Target will ensure that by 1 April 2024 there will be at least 32,000 people with problem opiate drug use in community-based OST treatment in Scotland. This target equates to approximately a 9% increase on the current baseline.

The national target increase has been applied equitably across Integration Authority areas in Scotland. It is recognised that the target will present different challenges, and require different approaches, in different areas. Further information on targets for each Integration Authority is available in **Annex A** below.

I have included an Information Pack in a separate **Annex B** which sets out how the target has been set and how it will be measured. It also provides an overview of the methodology which underpins this.

This pack also includes further information on a series of Balancing Indicators which will contextualise the target. These indicators cover access, retention, availability of services and treatment completeness. I expect you to use these indicators alongside other information to ensure that the target is implemented in a way that ensures more people are able to access the services that they need for as long as they need them. I expect you to ensure that the delivery of this target is built into your existing plans to deliver the MAT Standards and to reduce drug / alcohol harms and deaths.

I intend to expand the target so that from 2024 it will cover treatment for all drugs and alcohol treatment. We know that alcohol harms and deaths remain concerningly high and other drugs such as cocaine and benzodiazepines are becoming more prominent in our drug-related deaths.

In response to the growing number of drug-related deaths from multiple substances we are working with Scottish Drugs Forum, alongside other stakeholders, to scope the scale of use and the associated harms around cocaine injecting and the use of crack. We will also be working with ADPs to develop resources and training for frontline services to ensure they are best prepared for responding to clients using these substances.

On 15 March 2022 we published an [Evidence review of current trends in benzodiazepine use in Scotland](#) and convened an expert group on the use of benzos as part of a harm reduction approach. The expert group met in February 2022 and agreed that treatment for problems related to benzos should be included in the MAT Standards more explicitly and that on-going tests of change would be used to inform future treatment models.

We have been working with the UK Government and the other devolved administrations on reviewing and updating clinical guidelines for alcohol treatment (UKATG). The guidance is expected to introduce new approaches to treatment and will apply to a broad range of settings including primary care, hospital and justice settings. It is important that any target aligns to the forthcoming UKATG, which we expect to adopt. To ensure that any target developed is effective a short-life working group will be convened with representation from a range of experts.

The development of the Substance Use Treatment Target is an important step in the delivery of the National Mission to reduce drug deaths. I appreciate the work that you are already undertaking to reduce drug/alcohol related harms and deaths and look forward to hearing about your progress in ensuring that more people are able to access the protective treatment that they need.

If you have any queries, please contact [alcoholanddrugsupport@gov.scot](mailto:alcoholanddrugsupport@gov.scot)

## Annex A

### Substance Use Treatment Target by Integration Authority

Table 1: Substance Use Treatment Target by Integration Authority

Integration Authority (IA)	Local Integration Authority Baseline	Local Integration Authority Target By April 2024	Increase (count)	Increase (%)
Aberdeen City	1,727	1,879	152	9%
Aberdeenshire	823	895	72	9%
Angus	426	463	37	9%
Argyll and Bute	218	237	19	9%
City of Edinburgh	3,143	3,419	276	9%
Clackmannanshire & Stirling	660	718	58	9%
Dumfries & Galloway	773	841	68	9%
Dundee City	1,377	1,498	121	9%
East Ayrshire	946	1,029	83	9%
East Dunbartonshire	326	355	29	9%
East Lothian	478	520	42	9%
East Renfrewshire	162	176	14	9%
Falkirk	664	722	58	9%
Fife	1,756	1,910	154	9%
Glasgow City	5,993	6,519	526	9%
Highland	556	605	49	9%
Inverclyde	721	784	63	9%
Midlothian	426	463	37	9%
Moray	271	295	24	9%
Na h-Eileanan Siar	7	8	1	9%
North Ayrshire	882	959	77	9%
North Lanarkshire	1,286	1,399	113	9%
Orkney Islands	18	20	2	9%
Perth and Kinross	592	644	52	9%
Renfrewshire	1,061	1,154	93	9%
Scottish Borders	415	451	36	9%
Shetland Islands	105	114	9	9%
South Ayrshire	561	610	49	9%
South Lanarkshire	1,361	1,481	120	9%
West Dunbartonshire	669	728	59	9%
West Lothian	841	915	74	9%
<b>Scotland Total</b>	<b>29,416</b>	<b>32,000</b>	<b>2,584</b>	<b>9%</b>

Table 1 notes:

1. 'Local Integration Authority Baseline' is the estimated minimum number of people prescribed OST in Scotland during financial year 2020/21 by Integration Authority (based on figures for their constituent local authorities). See ScotPHO <https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse> for full details of methodology.
2. 'Local Integration Authority Target By April 2024' is the target number of individuals to be prescribed OST by April 2024.

3. 'Increase (count)' is the increase in the number of individuals over the baseline level required to meet the target number of individuals by April 2024.

4. 'Increase (%)' is the percentage increase on baseline level required to meet the target.

5. Figures presented above have been derived from Management Information published on ScotPHO (<https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse>) at local authority level sourced from the Prescribing Information System. 'Scotland' totals may differ from the sum of individual Integration Authority areas due to a small number of cases where the local authority is unknown.

## Annex B

### Opioid Substitute Therapy Treatment Service Capacity Target Information Pack

#### Background

In January 2021 the First Minister announced a new national mission to reduce drug-related deaths and harms. A key part of this mission is to increase the number of people who are in treatment for harmful drug use.

Evidence tells us that opioid substitution therapy (OST) is a protective factor against drug-related deaths and harms<sup>1</sup>. There is also evidence to suggest that too many people at risk of a drug-related death are not accessing the treatment they need. For example in 2016 only 55% of individuals who died from a drug-related death were in contact with drug treatment services in the six months prior to death<sup>2</sup>. Our most recent prevalence estimates suggest there are around 57,000 people with problem drug use in Scotland and our treatment baseline work suggests only around 29,500 are in community-based OST treatment.

Ensuring that everyone who uses drugs can get treatment when they need it is central to the implementation of the [MAT standards](#). The standards reinforce a rights based approach for people who use drugs and the treatment they should expect, regardless of their circumstances or where they are.

This target aims to increase the number of people in protective OST treatment and reduce the number of people who experience drug-related harms and death.

#### The National Target

By 2024 there will be at least 32,000 people in community based OST treatment in Scotland. This target is based on analysis of prescribing data conducted by Public Health Scotland which estimates that an average of around 29,500 people in Scotland were in community based OST treatment during the 2020/21 financial year. The target equates to an increase of approximately 2,500 (9%) in the number of individuals in OST treatment.

Further detail on how the baseline number of individuals in the community who are prescribed OST has been calculated can be found in the 'Treatment For Drug Misuse' area of the SCotPHO website:

<https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse>

We will expand and stretch the target to include all people with problem drug and alcohol use from 2024.

#### Local Targets

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<sup>1</sup> [Drug misuse and dependence \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>2</sup> [The National Drug-Related Deaths Database \(Scotland\) Report \(isdscotland.org\)](https://www.isdscotland.org)

This target will be applied equitably across all Integration Authority areas in Scotland. The national target represents an increase in the number of individuals on OST of around 9% and this flat percentage increase has been applied across all Integration Authorities in Scotland. It is recognised that the target will present different challenges, and require different approaches, in different areas. Rural and remote areas, for example, may face challenges in terms of geographic exclusion and service delivery while more populous urban areas will naturally face a higher challenge in numerical terms.

## **People in Prison**

People in prison prescribed OST are not in the scope of the target for 2024. A needs assessment of prisons is currently being progressed and the report is due for publication in Spring 2022. Alongside this further work is needed to carry out data linkage to follow people through prison and consideration will be given to expanding the target to cover people in OST treatment in prisons from 2024 at the latest.

## **How will the National and Local Targets be measured?**

The target will be measured using management information from the Prescribing Information System (PIS). The baseline for the target has been established using the estimated minimum number of people prescribed OST in Scotland during in the financial year 2020/21. This data covers all individuals prescribed OST whether within specialist drug treatment settings or within primary care. The figures are based on the number of unique Community Health Index (CHI) numbers captured from named community prescriptions for relevant medications at any time in a financial year. As data is sourced directly from the Prescribing Information System there is no requirement for treatment services to collect additional information to measure progress against this target.

Although in some areas CHI capture remains below the agreed threshold of reliability for individual-level analysis (usually only reported when CHI completeness is above 85-90%), due to the public interest in OST prescribing, these statistics are published as management information. IJBs will need to work with NHS Board prescribing leads to ensure the quality of prescribing data reflects the numbers of people prescribed OST in Scotland. .

Further detail can be found in the treatment for drug misuse area of the ScotPHO website: <https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse>

## **What are the reporting arrangements?**

Allowing time for data extraction, quality assurance, analysis and consultation, production time for each report will be approximately four to five months. The OST patient estimates from the Prescribing Information System will be updated to include figures for financial year 2021/22 in August 2022 and annually thereafter.

Performance against this target will be published by PHS in line with the following timetable:

2022/2023	Report
Quarter 1 (April - June)	September 2022
Quarter 2 (July - September)	December 2022
Quarter 3 (October - December)	March 2023
Quarter 4 (January - March)	June 2023

All reports are based on paid prescription data from the Prescribing Information System. Data extracts are generated three months after the end of the relevant time period. This reflects the length of time taken to process requests for the reimbursement of community prescriptions.

Due to their experimental nature these data will initially be released as management information to stakeholders including IAs, ADPs, Health Boards and Scottish Government. The production time for this information will be approximately four months. Therefore, information for 2022/23 Quarter 1 is expected to be available in September 2022.

### **Quality assurance arrangements**

Prior to each of these publications, PHS will consult with NHS Board prescribing leads, providing early access for quality assurance in relation to data sourced from the Prescribing Information System and enabling PHS to gather and validate their patient count data.

### **Balancing indicators**

While the proposed target relates to increasing the number in treatment, feedback from the consultation process highlighted the need for the target to be contextualised within broader indicators which will reflect quality alongside the quantity focus of the target.

#### Themes

The purpose of these indicators is to provide top level indications of how treatment is being delivered and provide a balance with the focus on quantity of the target. Therefore it is naturally broad-brush and will focus on one or two indicators against four key themes.

The key themes which have been identified as necessary to contextualise the target are

- Access
- Retention
- Availability of Services
- Treatment Completeness

These indicators are top level and will complement rather than replace more detailed indicators being developed to assist with strategic planning of services and reporting against the MAT standards.



It is also intended that these indicators will complement each other, so while there may be potential to show progress against any one indicator this may be offset by other indicators to demonstrate the broader impact on the system. For example the measure of new entrants into treatment for the access indicator is complemented by the retention indicator to identify whether multiple discharges or cycling in and out of treatment are underlying issues.

## **Buvidal**

Baseline data used to develop the target relies on individual patient CHI numbers to provide a patient count. It is recognised that some long-acting buprenorphine treatments administered in community settings are prescribed via hospital stock order prescribing systems and do not include patient details. It is estimated that there may be a small number of cases where a person on OST may be omitted from the OST patient estimate figures used for the target baseline because the only relevant medication the individual received in a specific financial year was long-acting buprenorphine dispensed via this mechanism. PHS are aiming to publish information on the numbers of people prescribed long-acting buprenorphine later in 2022 and this will be incorporated into the monitoring and reporting of progress towards meeting the treatment target.

## **Further Information**

Any queries should be directed to [alcoholanddrugsupport@gov.scot](mailto:alcoholanddrugsupport@gov.scot)



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